

Name
in
Full

Charlotte Anne Boyce

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
Sex	Femal	Color or Race	Negro	Birthplace	Concord Del
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widowed	Name of Wife or Husband	Noah Boyce	Father's Birthplace	Del
Father's Name	Anthony Laws				
Mother's Maiden Name	Aunie Davis				
Name of person giving information	N.W. Moore				
How related to deceased Son in law					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

93

How long

7 day

Immediate

Heart Failure

How long

3 hours

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

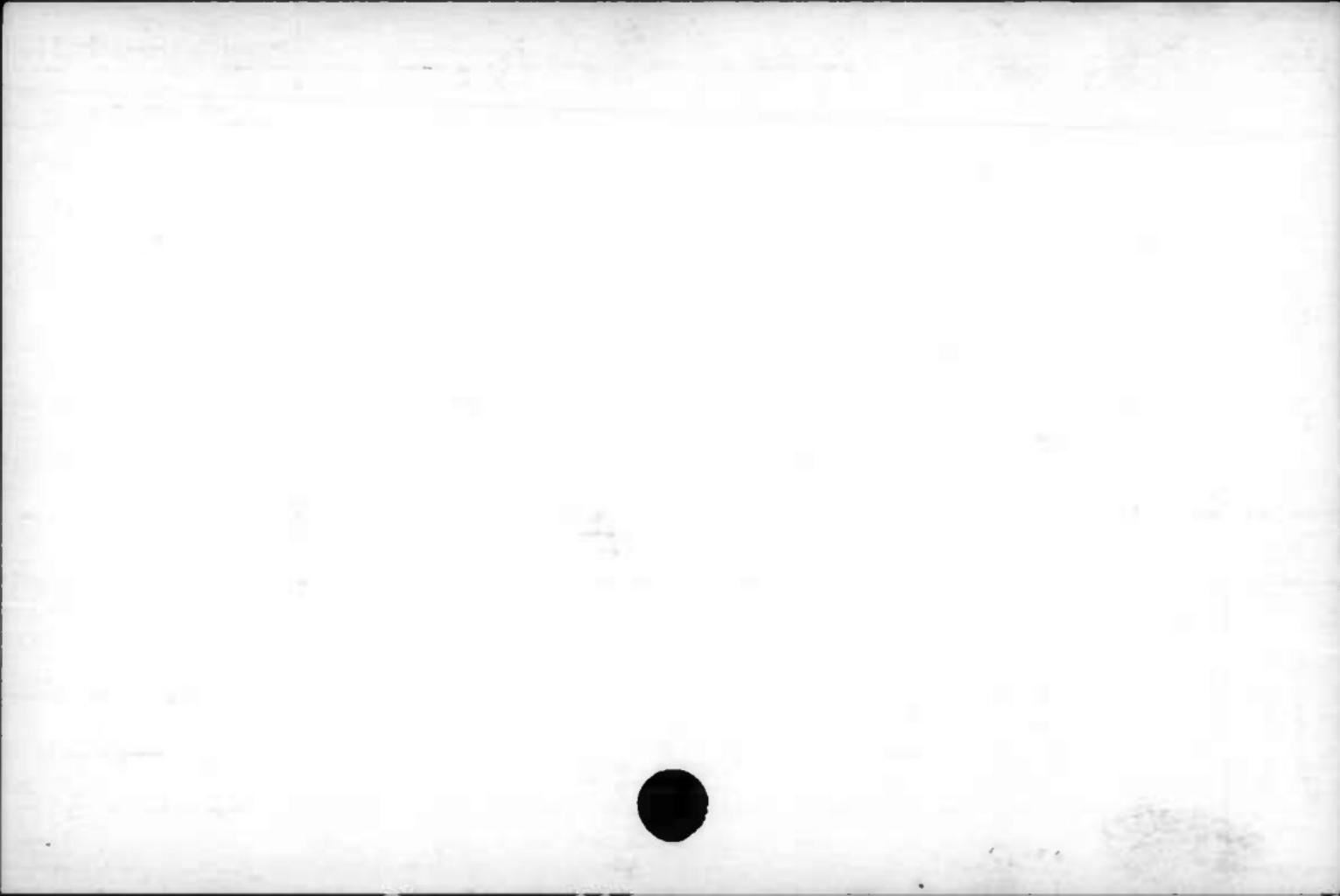
Address

Monroe Street MD
of Belvidere
Md

Accident or Suicide?

nd





Name
in
Full

William Carr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	Colored
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Harry S Carr		
Mother's Maiden Name	Matilda Green		
Name of person giving Information	Harry S Carr		

Birth-place Queen Anne Co.

Father's Birthplace Queen Anne Co.

Mother's Birthplace " "

How related to deceased Father

104

CAUSES OF DEATH

Primary

Acute Indigestion

How long

about 3 hours.

Immediate

"

Signature of Physician

E. F. Smith M.D.

I think they are

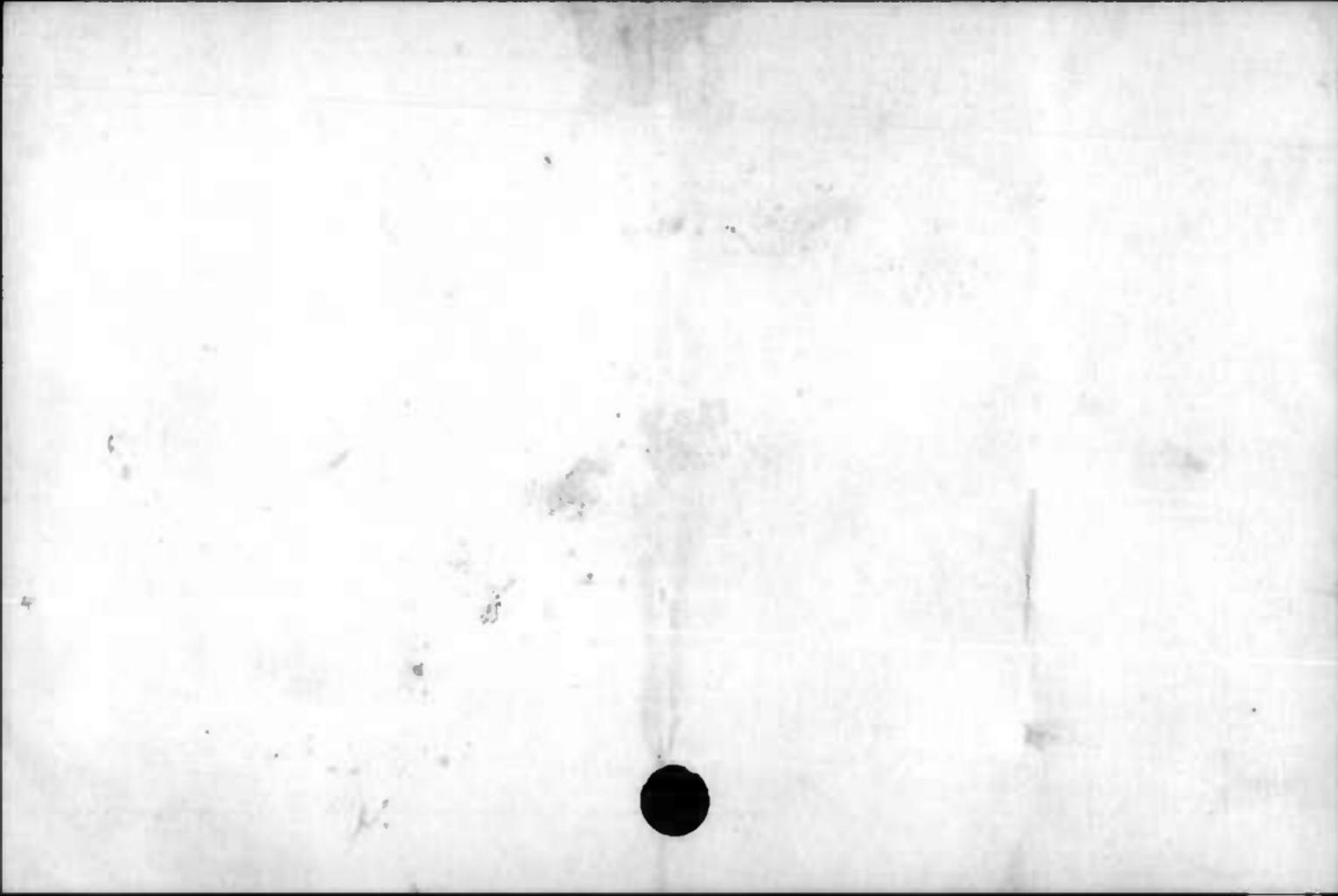
Address

Centreville

Md.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Ray Field Carr

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death 190	Month	Day	Years	Months	Days	
7 Oct		26	15	"	20	
Sex	Male	Color or Race	Black	Birthplace	Kent Island cld	
Married Single or Widowed		Occupation		Laborer		
Name of Wife or Husband						
Father's Name		Father's Birthplace		Kent Island cld,		
Mother's Maiden Name		Mother's Birthplace		" " "		
Name of person giving information		How related to deceased		none		

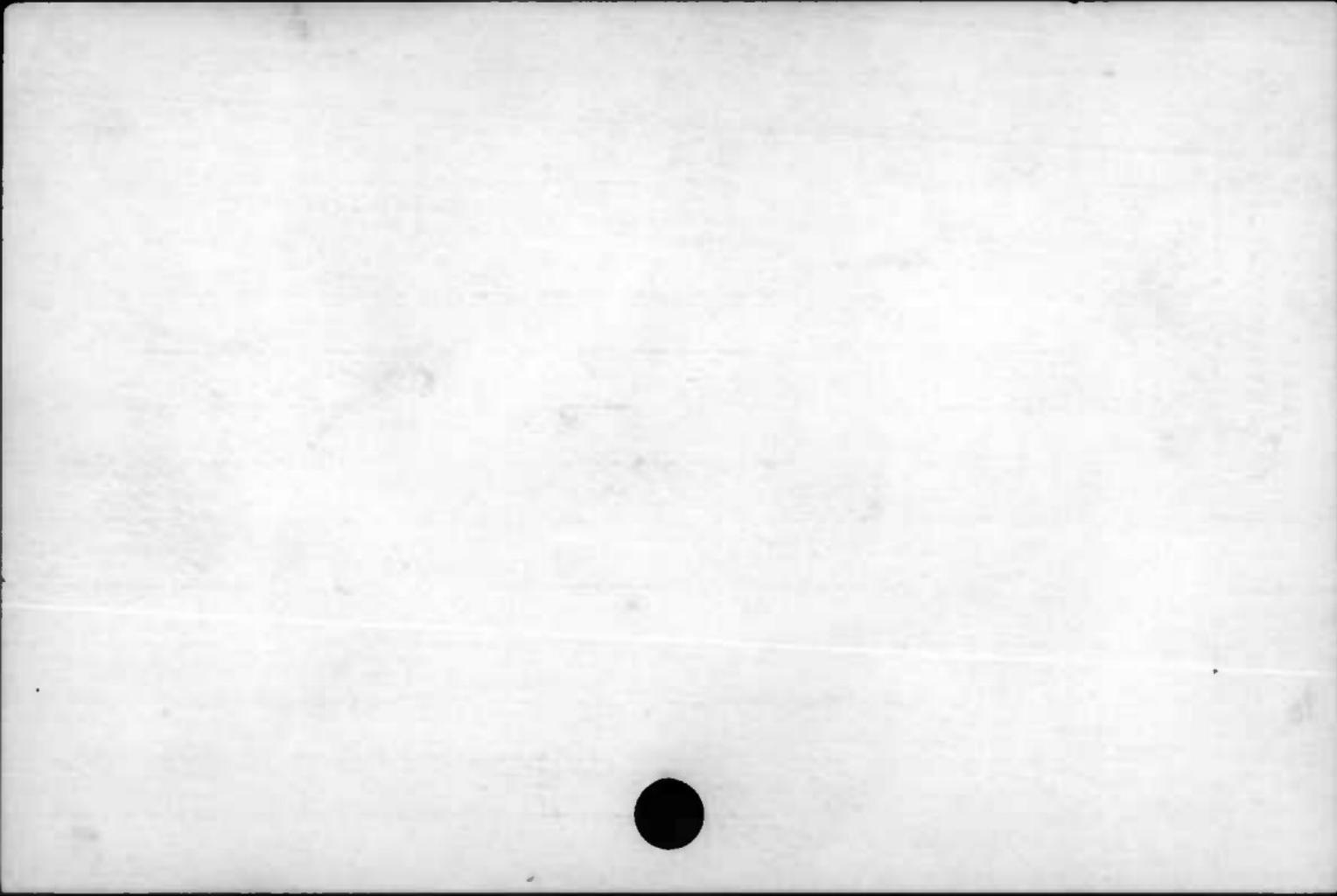
James Carr
Harriet E. Nicholson
Isiah Henry

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary	Pistol Bullet Wound	How long
Immediate	Hemorrhage & Pressure	3 1/2 hours
Are the name, age, sex, color, date and place correctly given above?	YES	Signature of Physician
		Address
Accident or Suicide?	Homicide	Operapump Hertsmoile Md.



Name
in
Full

Stanford Dewberry

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Town Died at	Queen Anne County		MARYLAND		
Date of death 1907	Month March.	Day 23	Years 56	Months 2	Days 18
Sex Male	Color or Race	White			
Occupation Farmer	Where Residing if not at place of death				
Married, Single or Widowed married	Name of Wife or Husband Julia Dewberry	Near Chestertown			
Father's Name Stanford Dewberry	Father's Birthplace England				
Mother's Maiden Name Miss Waters	Mother's Birthplace England				
Name of person giving information Hos Dewberry	How related to deceased Son				

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary Nephritis

Immediate Pneumia

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

H. George Timmons
Chestertown
Md

Address

Accident or Suicide? No



Name
in
Full

Dorsey Dorsey

CERTIFICATE OF DEATH

TO BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Mar Ingleside</u>		Town <u>I. Anna's</u> County		MARYLAND		
Date of death <u>1907</u>	Month <u>March</u>	Day <u>11</u>	Age <u>69</u>	Years	Months	Days
Sex <u>male</u>	Color or Race <u>Black</u>				Birthplace <u>hd</u>	
Occupation <u>Farmer</u>	Where Residing if not at place of death					
Married, <u>Sc</u> or Widowed	Name of Wife or Husband <u>Mary S. Dorsey</u>				Father's Birthplace <u>Massachusetts</u>	
Father's Name <u>Was not known</u>				Mother's Birthplace <u>Massachusetts</u>		
Mother's Maiden Name <u>Was not known</u>				How related to deceased	<u>Son</u>	
Name of person giving information <u>Samuel P. Dorsey</u>						

CAUSES OF DEATH

120

How long

How long

3 months weeks

Primary

Chronic Bright's disease

Immediate

lithis

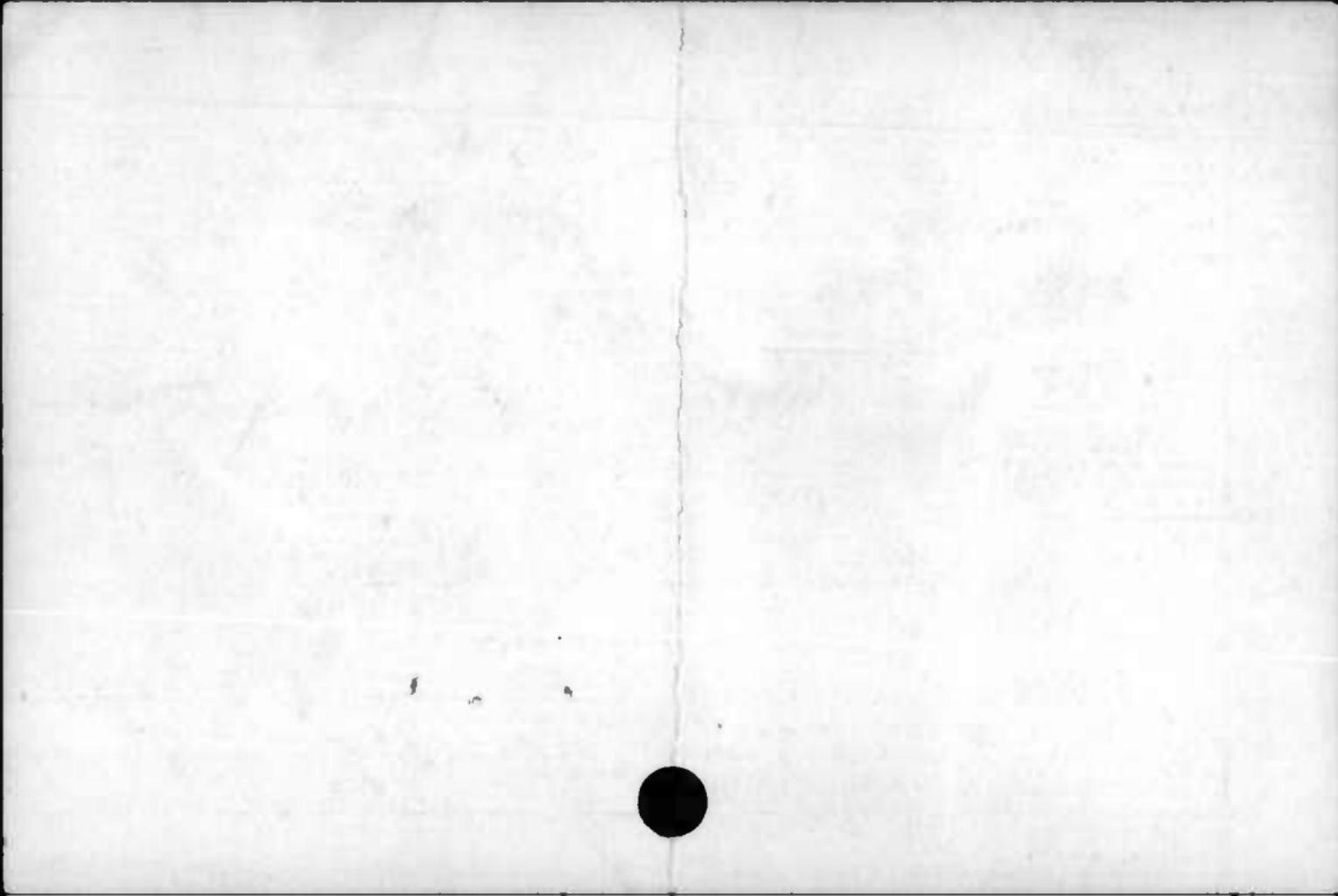
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Asa Vaughan M.D.
Ingleside hd

Accident or Suicide?



Name
in
Full

George Henry Evans

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Place of death	
Father's Name	Father's Birthplace		
Mother's Maiden Name	Mother's Birthplace		
Name of person giving information	How related to deceased		

1907 March 2 77 4 —

Male White Somerset Co., Md.

Waterman

Single married Emma Eugenia

Garrison Evans

Ella (don't know maiden name)

Emma E. Evans

wife

CAUSES OF DEATH

66

How long

Two years

How long

A few hours

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Cardiac failure

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Rowland W. Fora
Somerset, Md.

Accident or Suicide?

017011016

Mar 1907

Name
in
Full

Mary Elizabeth Forman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died:	Town:	County:	MARYLAND		
Date of death:	Month:	Day:	Years:	Months:	Days:
Sex:	Color or Race:	Age:	4	13	
Occupation:	Where Residing if not at place of death				
Single or Widowed:	Name of Wife or Husband:	A place of death			
Father's Name:	Dr. M. J. Forman				
Mother's Maiden Name:	Sarah G. Gibbs				
Name of person giving Information:	M. J. Forman				
Father's Birthplace:	D.C.				
Mother's Birthplace:	D.C. Co.				
How related to deceased:	Father				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Bronchitis

How long

3 weeks

Immediate

Asthma

How long

3 or 4 days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. G. Leopold
Glendale
Md.

Accident? Suicide?



Name
in
Full

W. H. Foster

CERTIFICATE OF DEATH

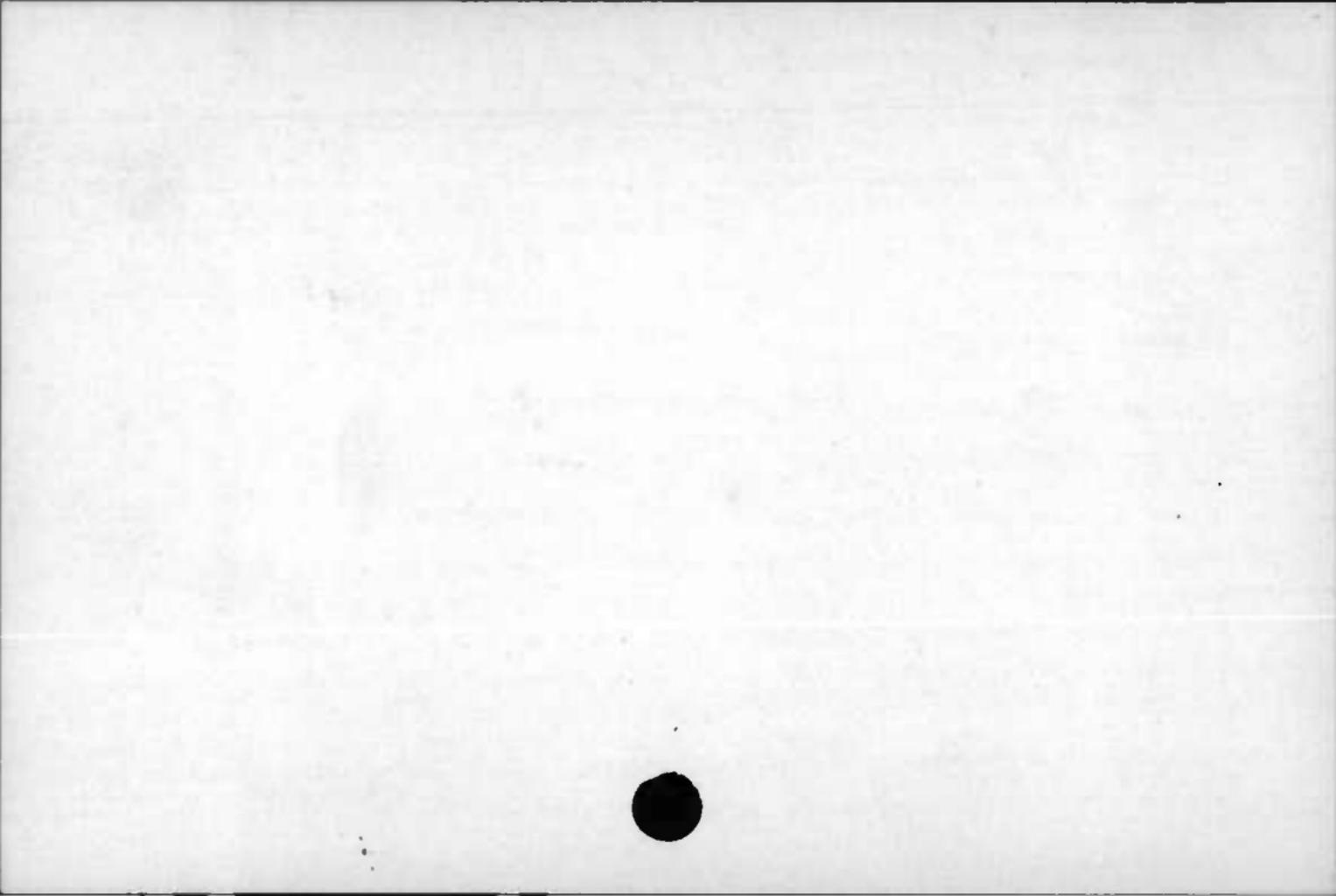
To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Male	Color or Race	Negro.
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Sara. E. Foster	
Father's Name	W. H. Foster		
Mother's Maiden Name	unknown		
Name of person giving information	Walter G. Sander		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Organic Heart		
Immediate	Heart Failure		
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	(79) Year or more
		Address	How long
Accident or Suicide?	nd	Moorland Rd Centerville Towson Ave Rd	



Name
in
Full

Mary Ellen Gibson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died	Town	County	MARYLAND		
Date of death 1907	Month March	Day 20	Years 52	Months 5	Days 11
Sex Female	Color or Race Black	Birth- place Md.			
Occupation Housewife	Where Residing if not at place of death				
Married, — married	Name of Wife or Husband Mrs. Gibson	Father's Name Henry Howell	Father's Birthplace Ga. G. S. S.		
Mother's Maiden Name Mary Hawkins		Mother's Birthplace Ga. S. S.	How related to deceased Husband		
Name of person giving Information	Age at place of death				
CAUSES OF DEATH					
Primary	Cancer of breast & stomach 4 years				
Immediate	Exhaustion 3 weeks				
Are the name, age, sex, color, date and place correctly given above?			Signature of Physician Dr. G. Lippage		
			Address Church Hill Md.		

PHYSICIAN
OR CORONER

43

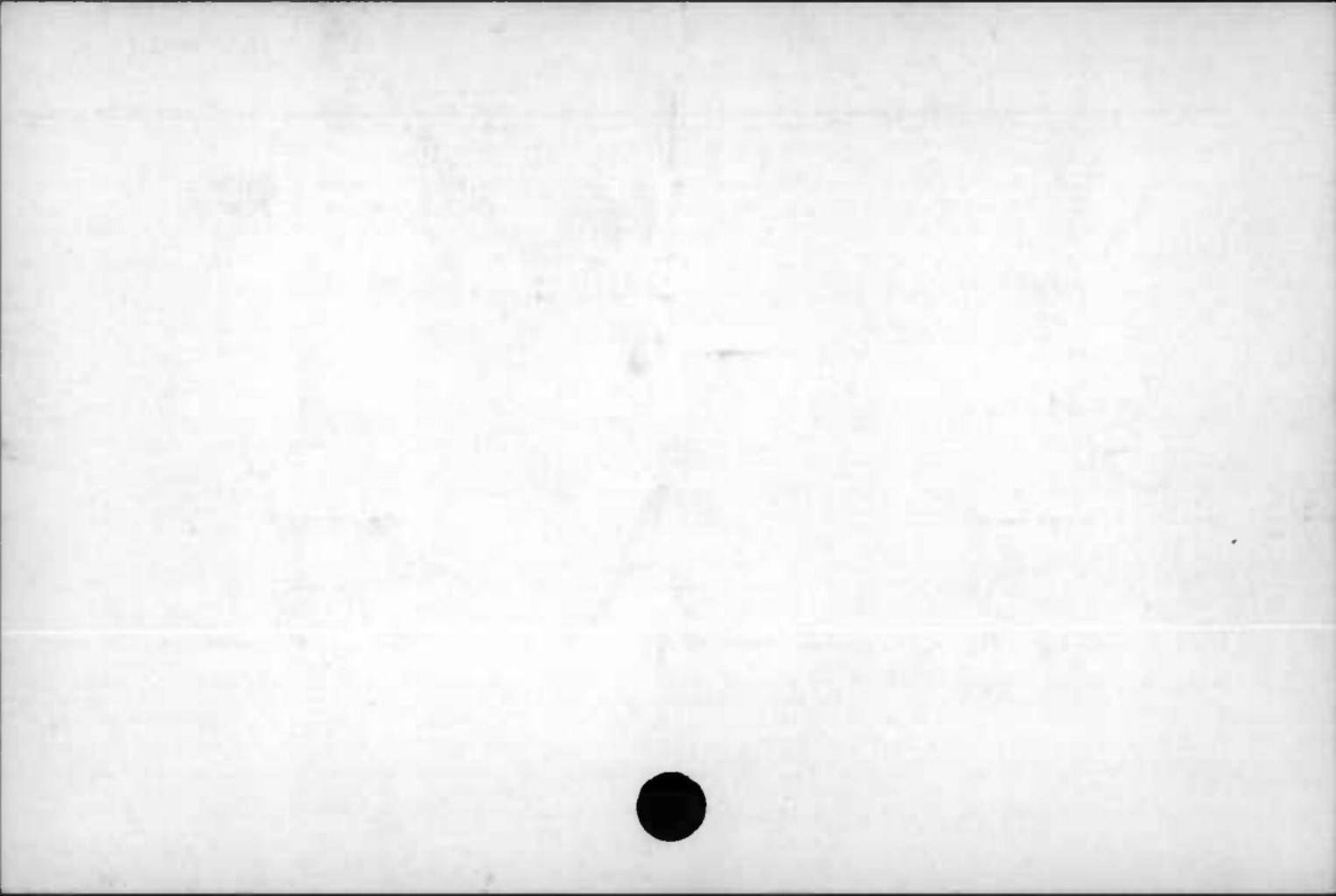
Primary: Cancer of breast & stomach 4 years
Immediate: Exhaustion 3 weeks

Are the name, age, sex, color, date
and place correctly given above? Yes

Signature of Physician Dr. G. Lippage

Address Church Hill
Md.

Accident - Suicide ✓



Name
in
Full

James J. Bolt.

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

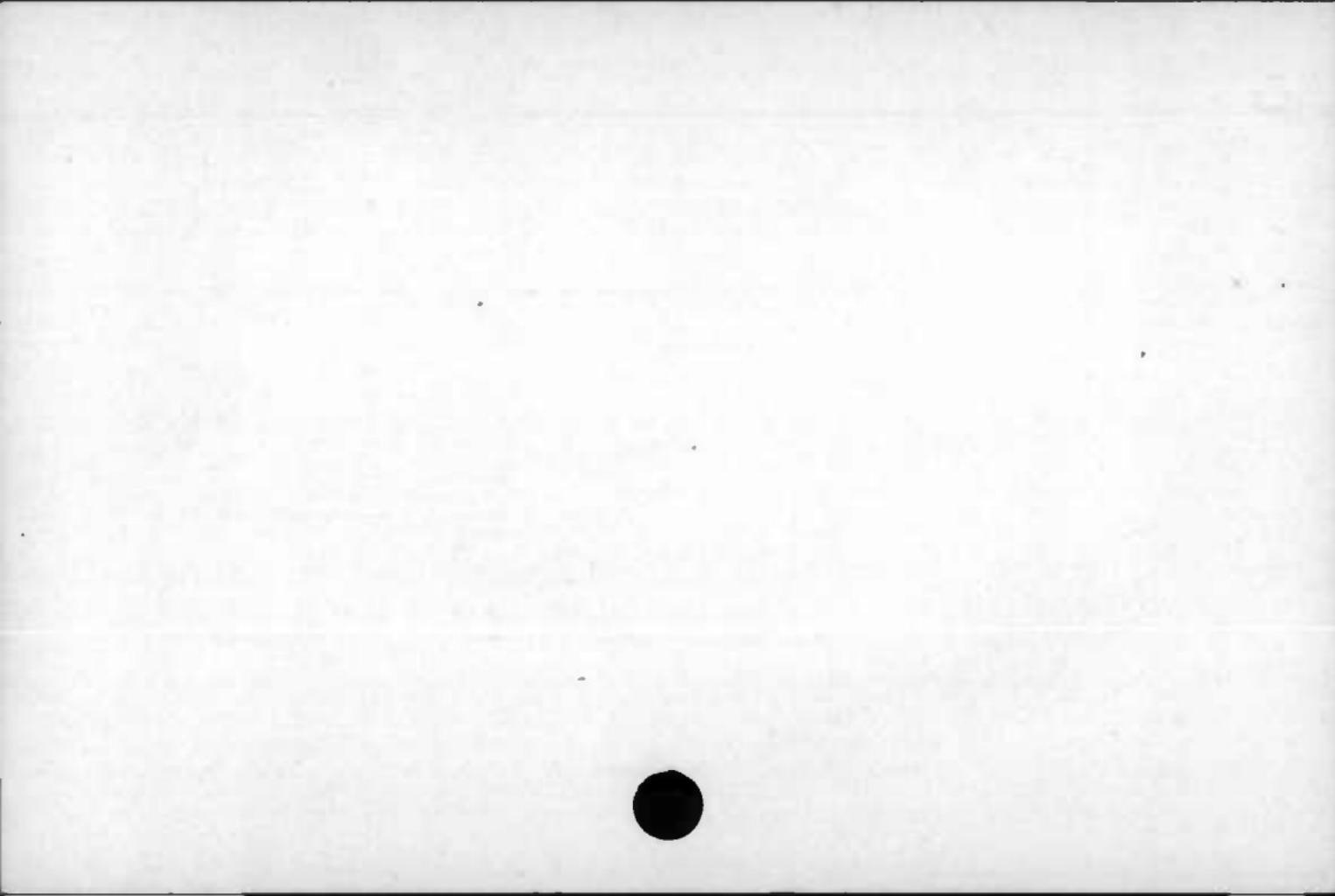
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years Months Days
Sex	Color or Race	Birth-place	
Occupation	Where Residing is not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Blanch Bolt	
Father's Name	Joseph S. Bolt,		
Mother's Maiden Name	Allie Sherman		
Name of person giving information	H. R. Hopkins		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Alcoholism.		
Immediate	Heart failure		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Howard R. Hopkins,
Yes		Address	2 Greenstony, Md.
Accident or Suicide?		✓	

56



Name
in
Full

William Jackson

CERTIFICATE OF DEATH

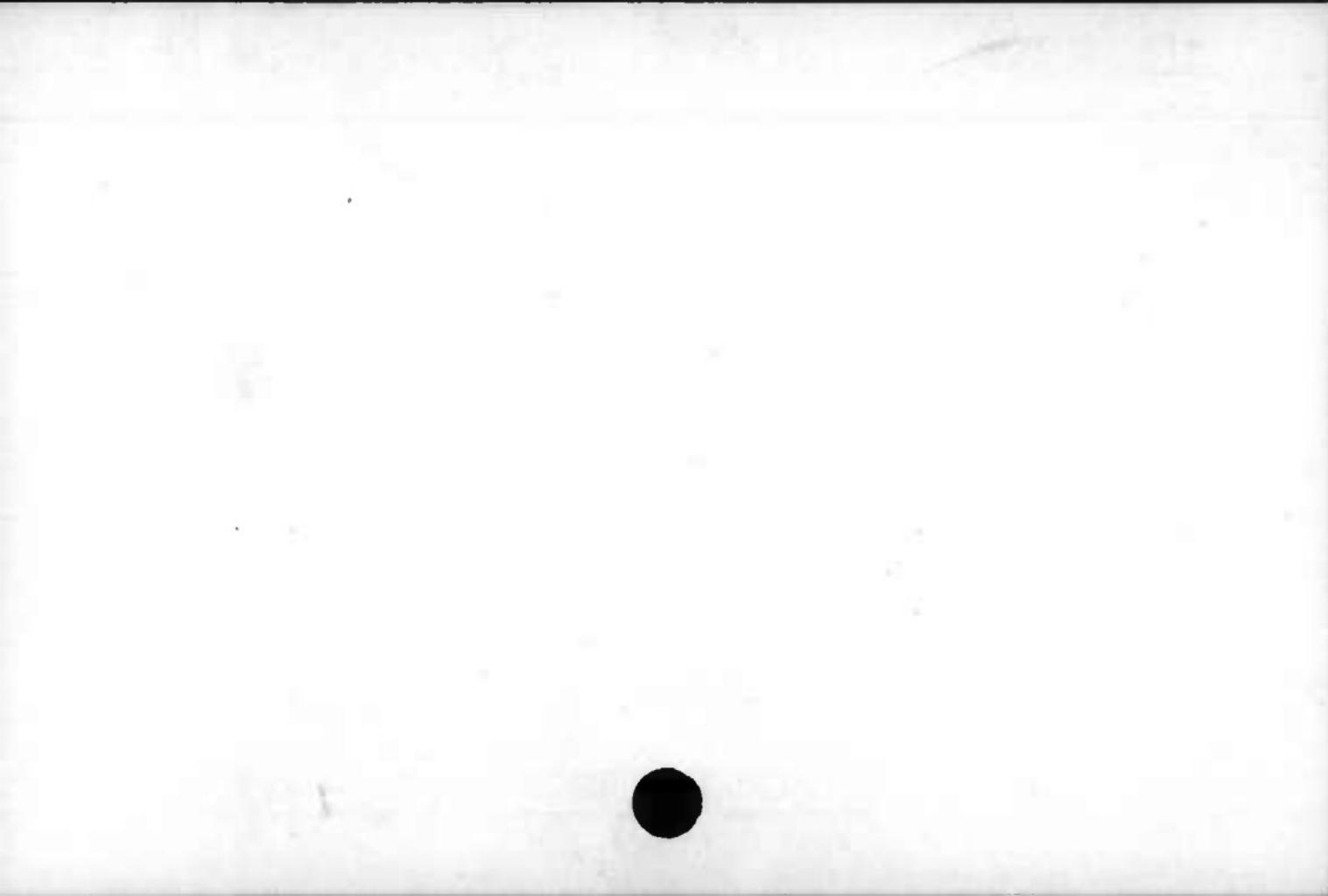
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1907	Month Mar	Day 6	Years 60	Months	Days	
Sex	Male	Color or Race	Negro	Birth-place	Centreville		
Occupation	Laborer		Where Residing if not at place of death				
Married - Single or Widowed	Single		Name of Wife or Husband	Unknown			
Father's Name	Mr Brown		Father's Birthplace	Unknown			
Mother's Maiden Name	Mrs Brown		Mother's Birthplace	Unknown			
Name of person giving information			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	(93)	How long 3 days.
Immediate	Heart Failure		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician E. F. Smith M.D.	
		Address Centreville Md.	
Accident or Suicide?		✓	

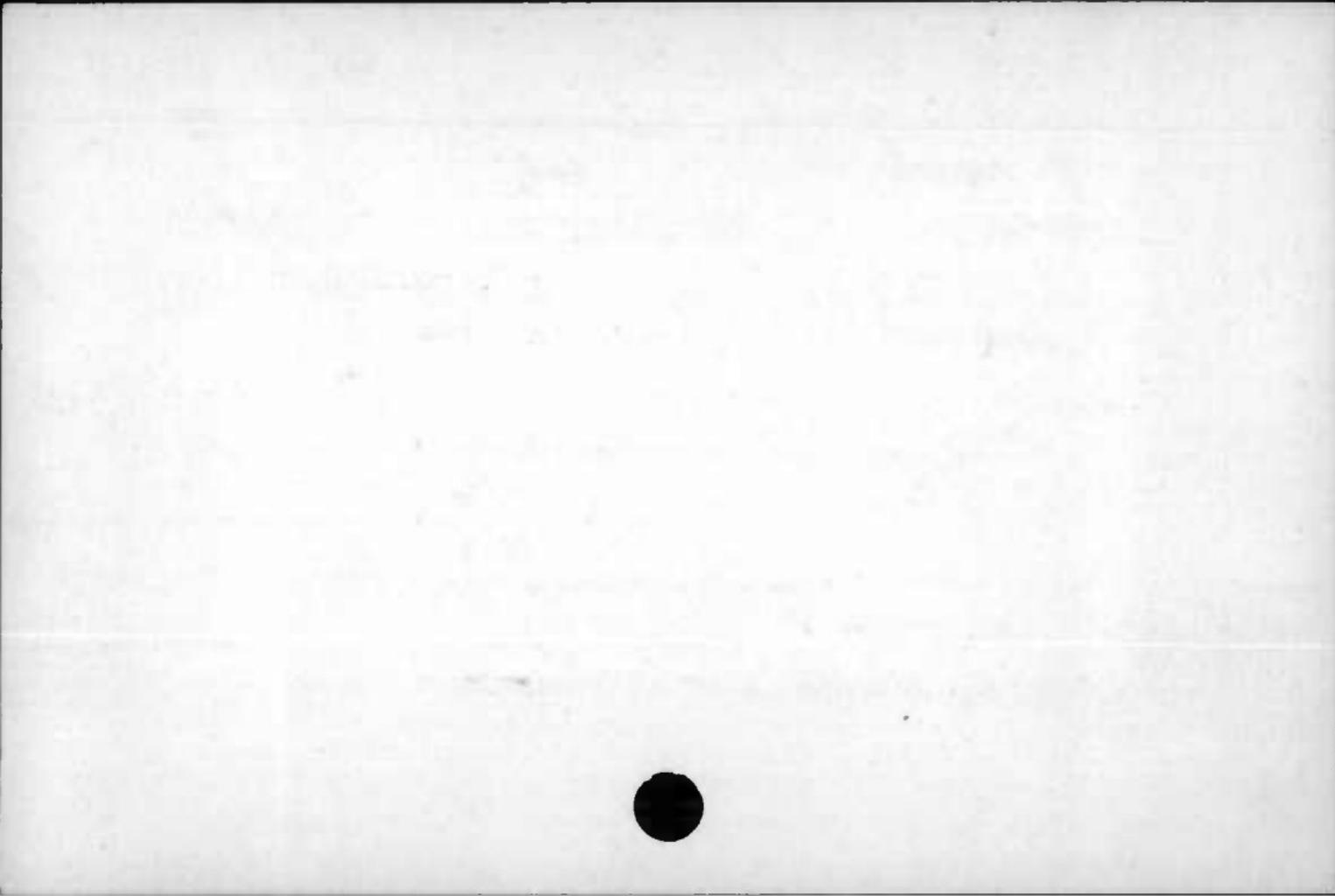


Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

<p>- No Name - Mansfield</p>		CERTIFICATE OF DEATH			
Died at	Town Shenandoah Co.	County Va Co	MARYLAND		
Date of death	Month March	Day 20	Age 5	Months 3	Days 9
Sex Female	Color or Race White	Birthplace D.C. County			
Occupation	Where Residing (if not at place of death)				
Married, Single or Widowed Single	Name of Wife or Husband Mrs. M. Mansfield		Father's Name John M. Mansfield	Father's Birthplace Maryland	Mother's Name Anna M. Shirley
Mother's Maiden Name Anna M. Shirley			Mother's Birthplace Maryland	How related to deceased Father	
Name of person giving Information Chris G. Mansfield					
CAUSES OF DEATH					
Primary Tuberculosis	27	How long 3 months			
Immediate Prostration		How long Several hours			
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician S. C. Dudley		Address Church Hill Maryland		
Accident or Suicide?					



Name
in
Full

Thomas F. Meed

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Queen Anne Queen Anne

Month

Day

Years

Months

Days

Date
of death

1907

March

21

Age

65-

TO BE ANSWERED BY
NEAREST FRIEND

Sex

male

Color or
Race

white

Birth-
place

nd

Occupation

Farmer

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of Wife or
Husband

Fannie Meed

at place of death

Father's
Name

Thos. R. Meed

Father's
Birthplace

md

Mother's
Maiden Name

Becky Tucker

Mother's
Birthplace

md

Name of person giving
Information

Fannie Meed

How related
to deceased

Wife

CAUSES OF DEATH

Primary

Neurotic
Exhaustion

74

How long

one year

How long

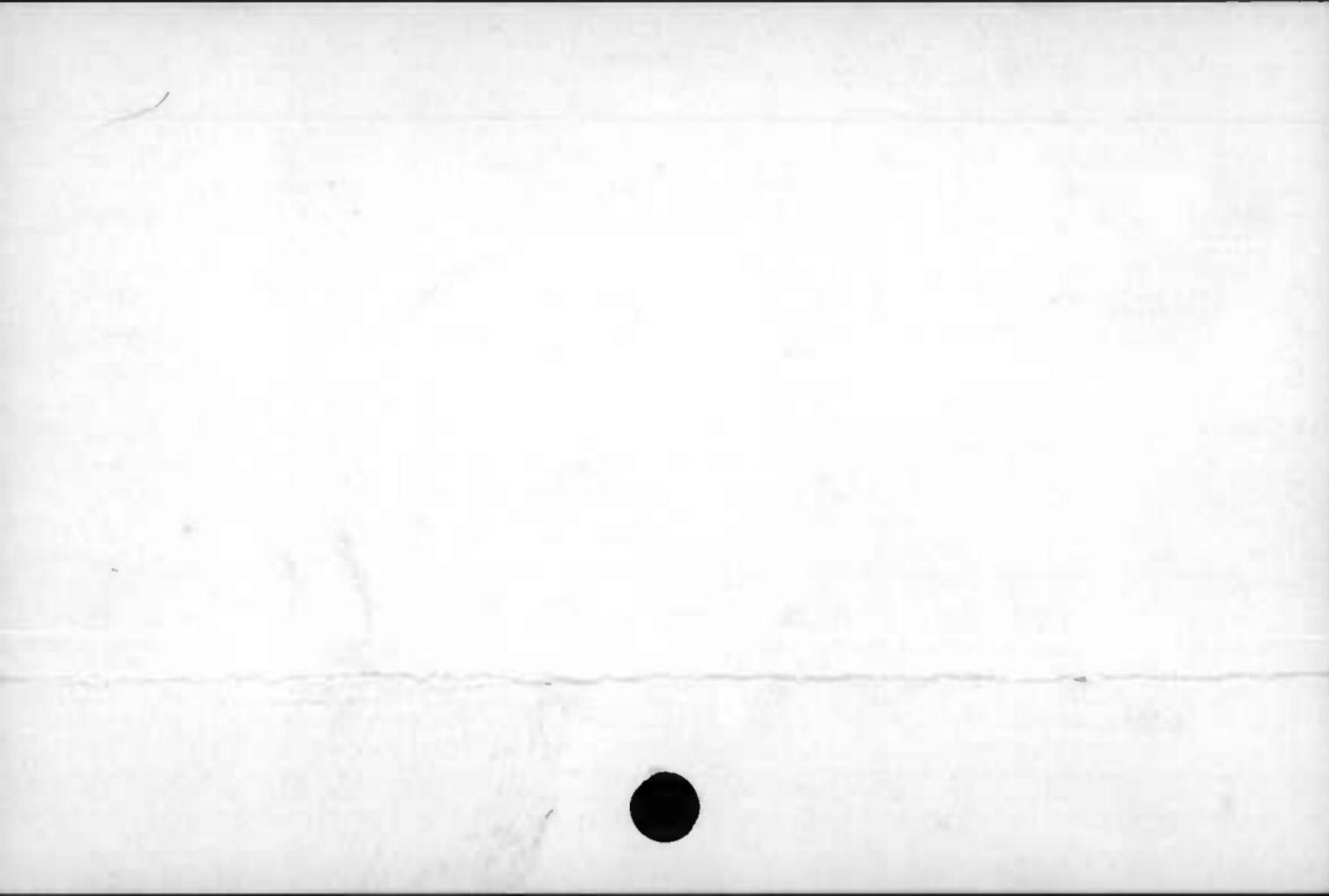
Immediate

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

H. W. Sickerd
Bridget, Md.
Caroline Co.

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

George W H Price				CERTIFICATE OF DEATH			
Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months		Days	
1907	March	10	02	6		1	
Sex	Male	Color or Race	Black		Birth place	Perry Neck	
Occupation	Farmer		Where Residing if not at place of death		at place of death		
Married, Single or Widowed	Married	Name of Wife or Husband	Mrs. G. W. H. Price		Father's Birthplace		
Father's Name	Joe Price				Mother's Birthplace		
Mother's Maiden Name	Mrs. Bordley				How related to deceased	Wife	
Name of person giving information	Mr Sam Price				27	2 yrs	
CAUSES OF DEATH							
Primary	Tuberculosis				How long	2 yrs	
Immediate	Extravasation				How long	2 or 3 days	

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

yes

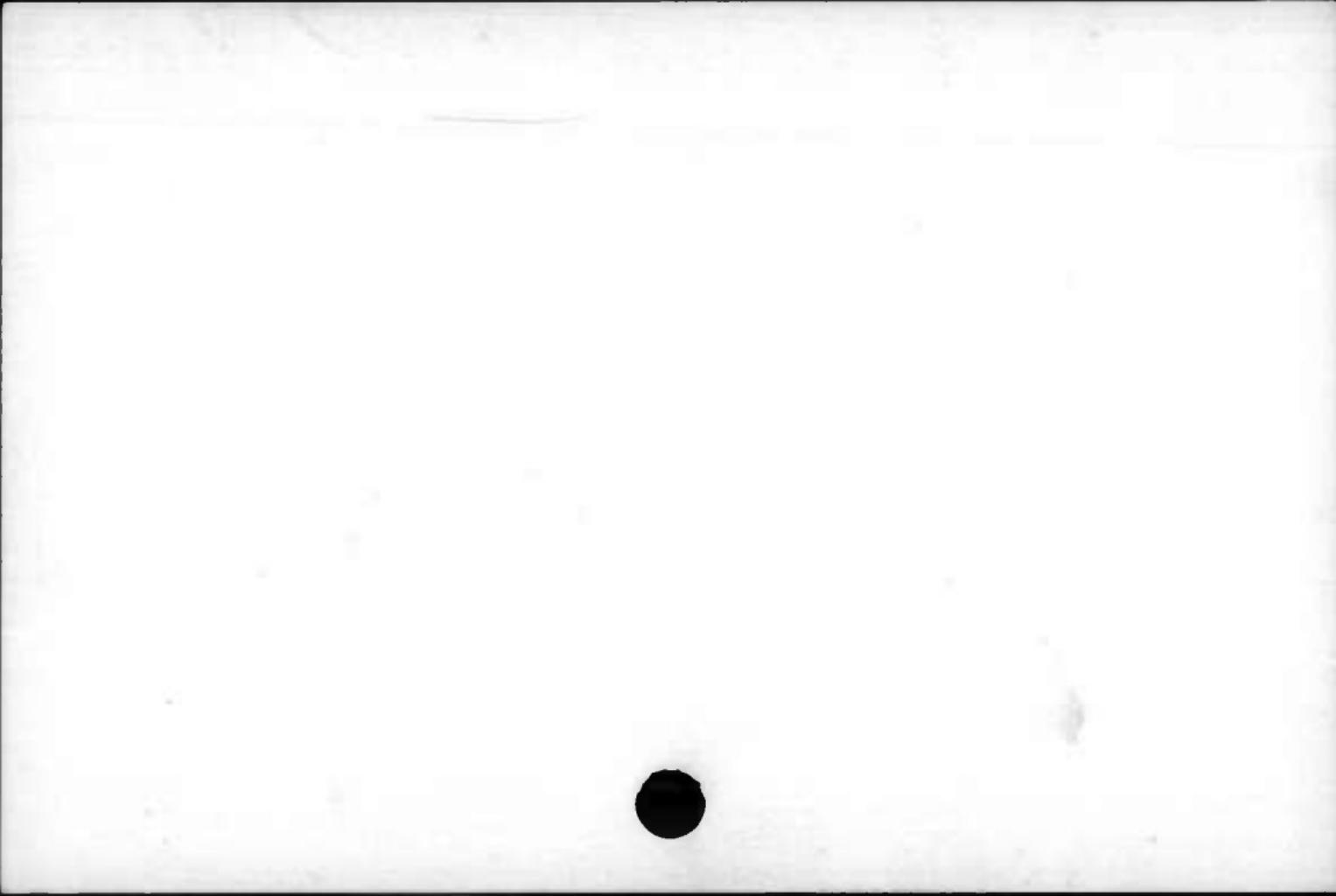
Signature of Physician

Address

Maywood
Cumberland
Md

Accident or Suicide?

no



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at		Town	County			
Date of death	1907	Month March	Day 14	Age 98	Years	Months
Sex	Female	Color or Race	Black		Birth-place	Baltv. Do
Occupation	House work		Where Residing if not at place of death		at place of death	
Married, Single or Widowed	Married	Name of Husband	Robt. Riley		Father's Birthplace	Baltimore, Do
Father's Name	Percy Kinerd		Unknown		Mother's Birthplace	Baltimore, Do
Mother's Maiden Name	Unknown		Robt. Riley		How related to deceased	Baltimore, Do
Name of person giving information	Robt. Riley				How long	Husband

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Organic Heart Disease

How long

2 yrs

Immediate

Heart Failure

How long

1 hour

Are the name, age, sex, color, date and place correctly given above?

98

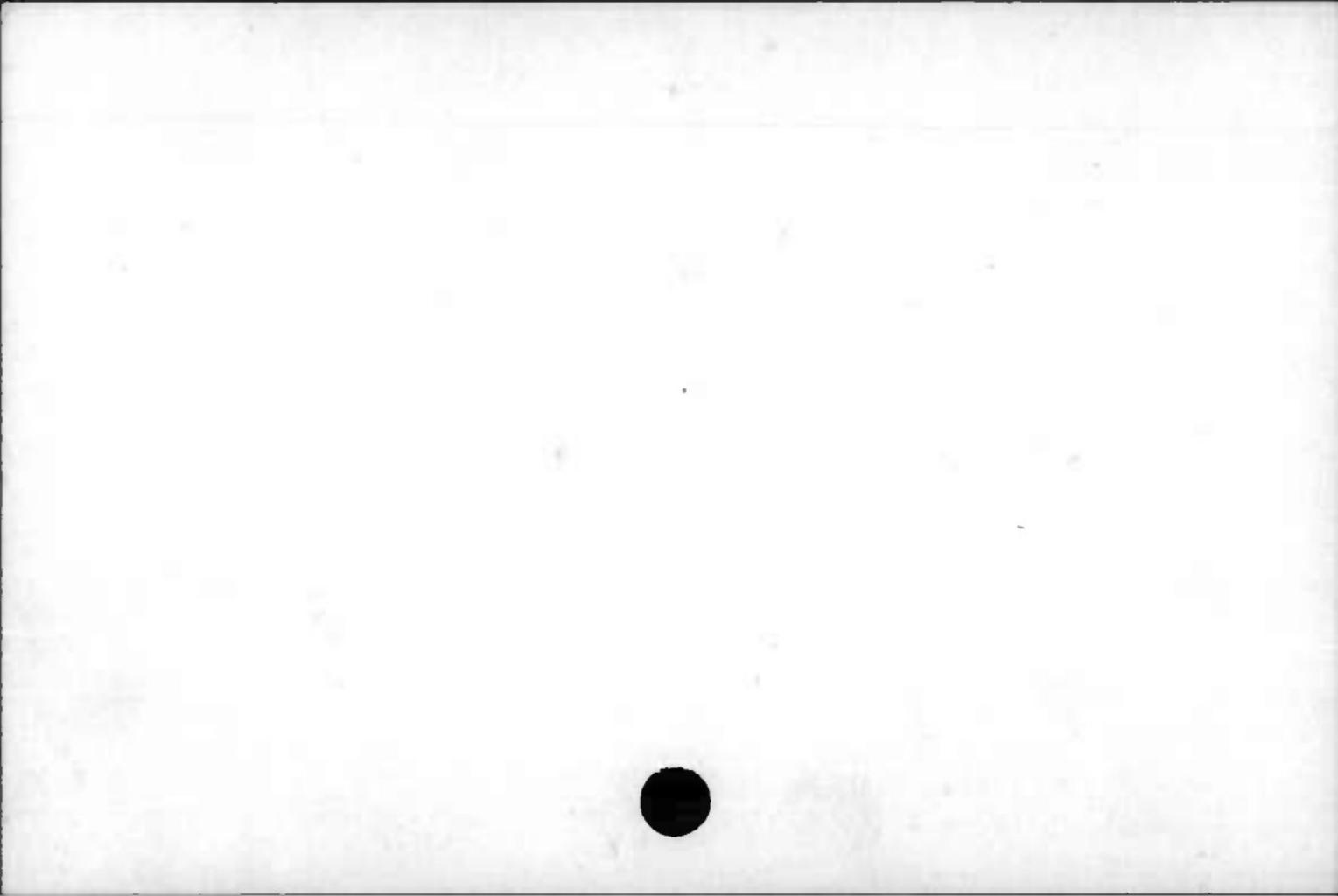
Signature of Physician

Address

Anderson MD
Baltimore, MD

Accident or Suicide?

nr



Name
in
Full

Ellen Robinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	Q. A.	County
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Frank Robinson	
Father's Name	Robert Green		
Mother's Maiden Name	Ellen Giecks		
Name of person giving information	Frank Robinson		

PHYSICIAN
OR CORONER

CAUSES OF DEATH

Primary

120

How long

Immediate

Maemie Coma

How long

hours.

Are the name, age, sex, color, date and place correctly given above?

Yes.

Signature of Physician

Address

Percy Keay
Stevensville, Md.

Accident or Suicide?

0-70-10-16

Name
in
Full

Elizabeth Robison

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

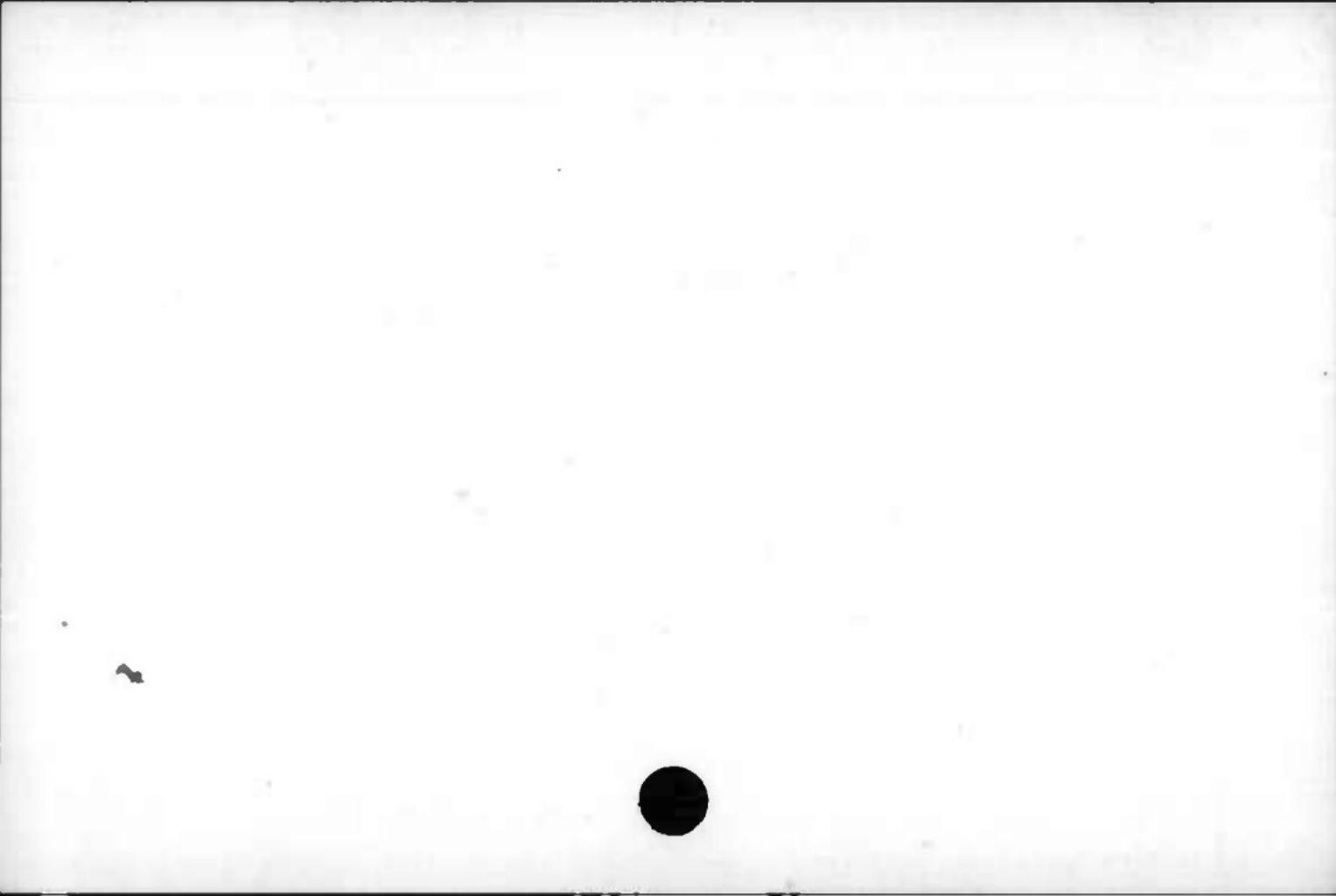
Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Months Days
Occupation	Where Residing is not at place of death		
Married, Single or Widowed	Name of Wife or Husband	Person	
Father's Name	Henry Bodley		
Mother's Maiden Name	Nattie Croucher		
Name of person giving information	Dader Stevensbury		

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
Address	Wm S. Heron
Accident or Suicide?	Stevensville Md.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Hepzie Rosberry Church Hill Queen Anne's Co.						CERTIFICATE OF DEATH		
Died at	Town	County	MARYLAND					
Date of death	Month	Day	Age	Years	Months	Days		
Sex	Color or Race	Birthplace						
Occupation	Where Residing if not at place of death							
Married, Single or Widowed	Name of Wife or Husband	Former Rosberry						
Father's Name	Jessie Lewis	Layaythoo						
Mother's Maiden Name	Sarah Jane Morgan	Layaythoo						
Name of person giving information	Dr. H. S. Dudley	None						
CAUSES OF DEATH								
Primary	Pregnant placenta previa							
Immediate	Hemorrhage, Exsanguination							
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Dr. H. S. Dudley				
			Address	Queen Anne's Co.				
Accident or Suicide?		Morgaine						

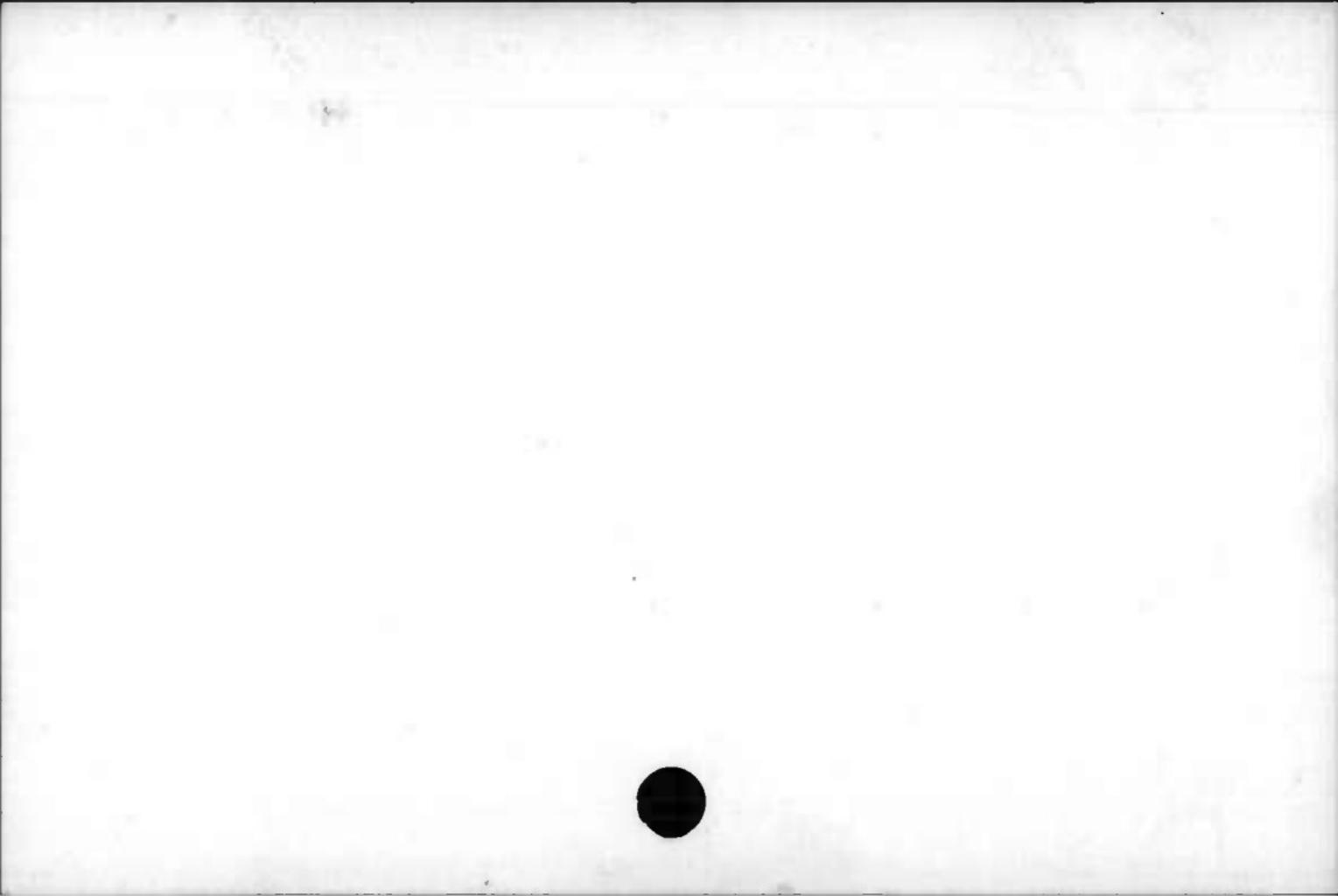
(136)

How long

How long

20 Min

LIBRARY BUREAU 488416



Name
in
Full

Perry Sampson

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

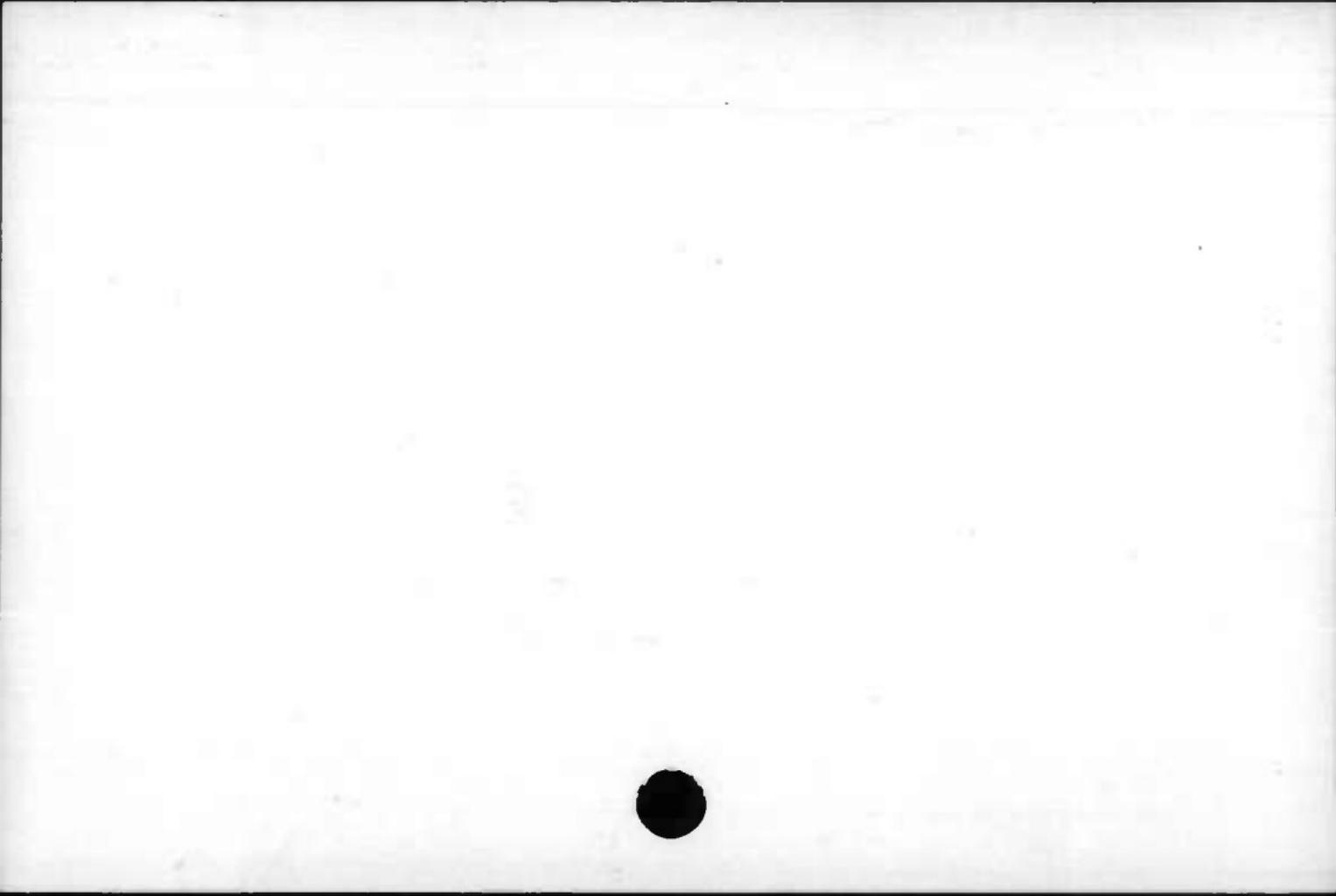
Died at	Town	Hayden R.R., Md.		County	Queen Anne	
Date of death	Month	Day	Years	Age	Months	Days
Sex	Male	Color or Race	Colored	Birthplace	Not Known	
Occupation	Laborer			Where Residing if not at place of death	Henrietta Sampson	
Married, Single or Widowed	Married	Name of Wife or Husband				
Father's Name	Not Known			Father's Birthplace	Not Known	
Mother's Maiden Name	Not Known			Mother's Birthplace	Not Known	
Name of person giving information	Wm. Harry Stanford			How related to deceased	Step son	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility		How long	3 years
Immediate	Bronchitis - Acute.		How long	4 days
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Walter H. Fenby	
		Address	Ruthsburg, Md.	
Accident or Suicide?	✓			



Name
in
Full

Mary Elizabeth Satterfield

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Died at	Centreville	Queen Anne's Co			
Date of death	Month	Day	Years	Month	Days
of death	1907	March	31	Age	71
Sex	Female	Color or Race	White American	Birth-place	Queen Anne's Co
Occupation	Not any	Where Residing if not at place of death	Centreville, Md		
Married, Single or Widowed	Married	Name of Wife or Husband	Thos J. Satterfield		
Father's Name	Theodore Ringgold Straight			Father's Birthplace	Caroline Co
Mother's Maiden Name	Farnan			Mother's Birthplace	Queen Anne's Co
Name of person dying In formation	Mrs George W. Gibson			How related to deceased	Daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

179

How long

Immediate Heart Failure

How long

10 minutes

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

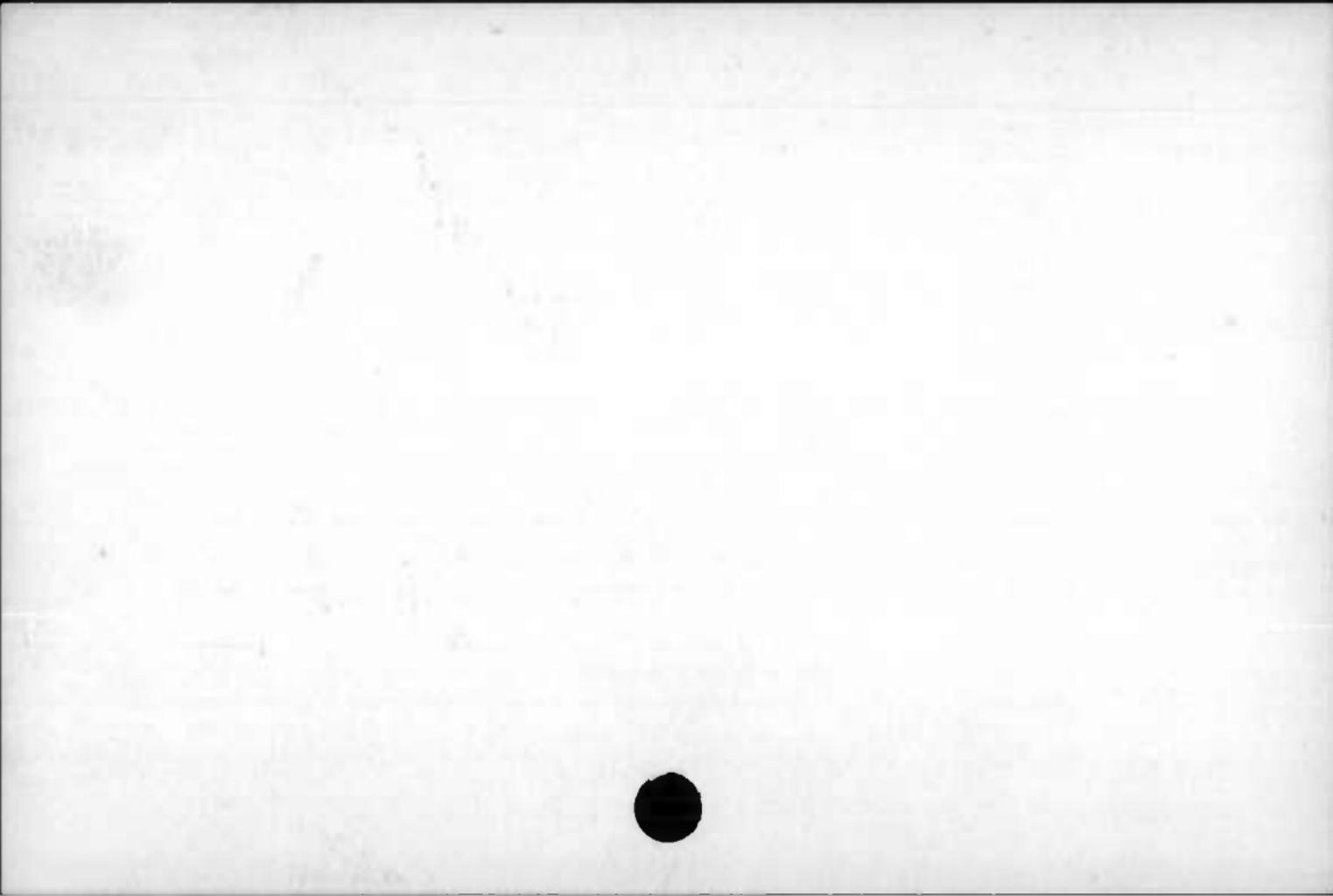
Montgomery

Ruth Register

No Physician

Accident or Suicide?

No



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Name in Full			Williams			CERTIFICATE OF DEATH		
Died at: New Barclay			County L. S.			MARYLAND		
Date of death 1907	Month 3	Day 29	Age	Years	Months	Days		
Sex Male	Color or Race	Black			Birth- place	hd		
Occupation	Where Residing at place of death							
Married, Single or Widowed	Name of Wife or Husband							
Father's Name	John Williams			Father's Birthplace	(Va)			
Mother's Maiden Name	Emma Dowell			Mother's Birthplace	hd			
Name of person giving Information	John Williams			How related to deceased				

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary

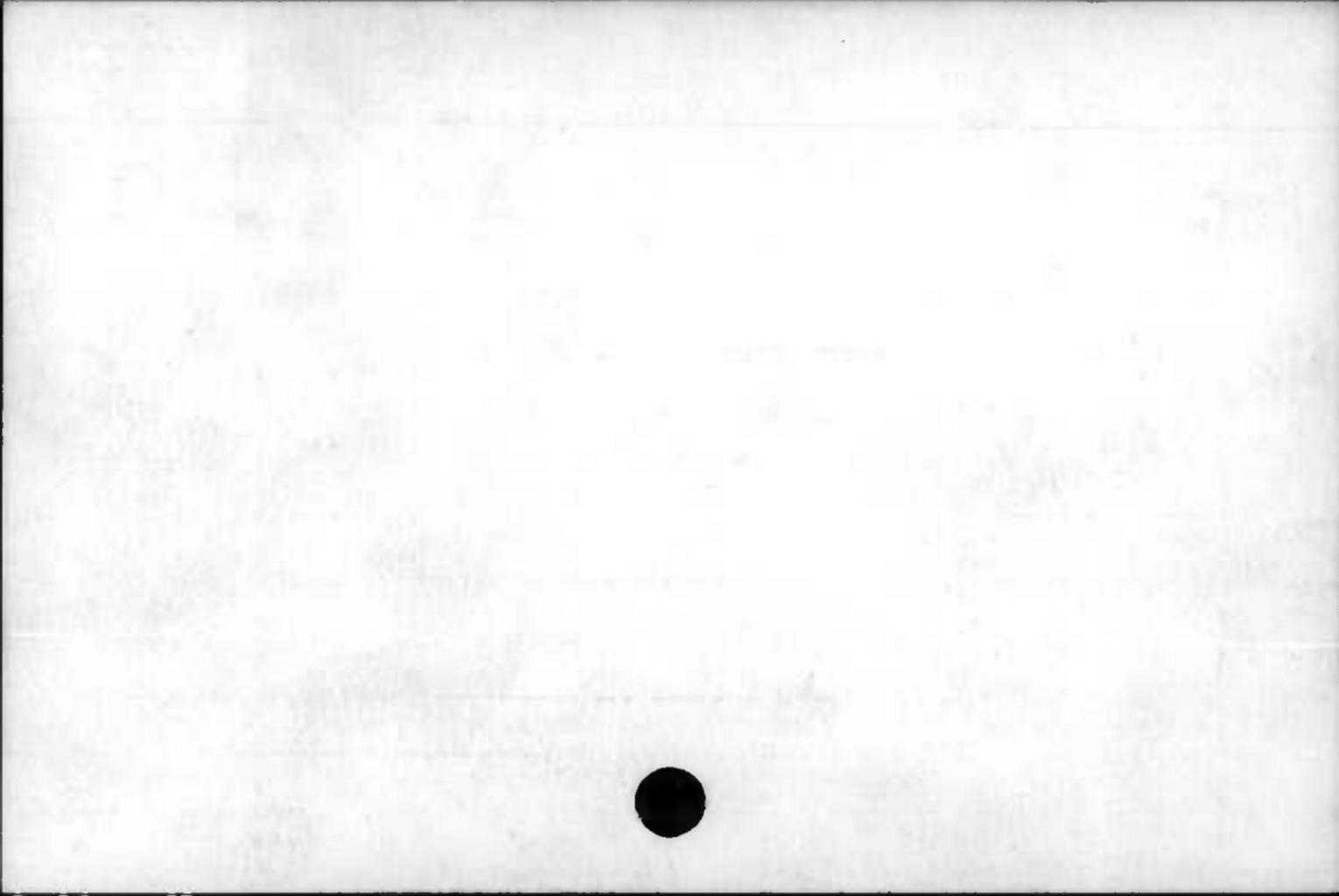
Immediate

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

To BE ANSWERED BY
NEAREST FRIEND

Agatha Tillowsan

CERTIFICATE OF DEATH

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birthplace		
Occupation	Where Residing if not place of death				
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace			
Father's Name	Mother's Birthplace				
Mother's Maiden Name	How related to deceased				
Name of person giving information	Relationship to deceased				

Church Hill Queen Anne Co
1907 March 17 75 3 1 Queen Anne Co
Female White
Occupation
Married, Single or Widowed
Name of Wife or Husband
Father's Name
Mother's Maiden Name
Name of person giving information

~~John Tillowsan~~

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

5 yrs.

Immediate

Exhaustion

How long

1 hr

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

Dr. J. S. Dendley

Church Hill
Moylewood

Accident or Suicide?

Church Hill
Cemetery